



BOROUGH OF STOURBRIDGE
WORCESTERSHIRE

ANNUAL REPORT

ON THE WORK OF THE
PUBLIC HEALTH DEPARTMENT
FOR THE YEAR
1973

PUBLIC HEALTH DEPARTMENT,
COUNCIL HOUSE,
STOURBRIDGE

B O R O U G H O F S T O U R B R I D G E

Mayor

Councillor A.Allport

Deputy Mayor

Councillor K.R.Ison

PUBLIC HEALTH COMMITTEE

Chairman

Councillor K.R.Ison

Deputy Chairman

Councillor A.J.Taylor C.C.

Alderman W.P.Drew

Aldermen J.L.Guest

Councillor W.F.Marshall C.C.

Councillor W.Bowen

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Councillor Mrs.M.Perrins J.P.

Councillor Mrs.E.D.Topliss

Councillor J.E.Watteson

Councillor W.E.Jones

Councillor J.S.Whiting

Medical Officer of Health

J.Twomey, M.B., B.Ch., B.A.O., D.P.H., D.T.M. & H., M.F.C.M.

Deputy Medical Officer of Health

Vacant

Chief Public Health Inspector, also Inspector under Petroleum and Shops Acts.

* T.H.Meredith, M.A.P.H.I., Cert. of S.I.B.

Deputy Chief Public Health Inspector

* J.W.Billingham, M.A.P.H.I., Cert. of S.I.B.

Additional Public Health Inspectors.

* W.J.Hemmings, M.A.P.H.I., Cert. of S.I.B.

** G.S.Perks, Cert. of P.H.I.E.B.

** R.L.Noons, M.A.P.H.I., M.R.S.H., Dip. P.H.I.E.B.

J.P.Radford B.Sc.(Hons), Dip.P.H.I.E.B. (Appointed 14th May 1973)

Pupil Public Health Inspector

S.P. Webster

Clerical Staff

Miss J.B.Onslow

Mrs.E.R.Hammond

Miss K.S.Read (Resigned 22nd June 1973)


Miss C.A.Chapman (Appointed 16th July 1973)

Rodent Officer

G.H. Corbett

** Smoke Inspectors Certificate

* Certified Meat and Food Inspector.



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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for 1973

To: The Mayor, Aldermen and Councillors
of the Borough of Stourbridge.

Infectious Diseases

The usual work was carried out throughout the year without major incident.

Vital Statistics

These are not available at the time of writing.

Collection of Medicines and Poisons

In conjunction with the Public Health Departments of Dudley and Halesowen and in co-operation with the Police Force and the pharmacists, a two week collection of unused medicines and poisons was carried out as from 1st October. The materials collected, which were taken to Dudley for destruction, included 140,605 tablets (200 thalidimide) and quantities of arsenic, cyanide, lead salts and strychnine.

Deputy Medical Officer of Health

This post was not filled during the year.

Looking Backwards

In this, the final Annual Report of a Stourbridge Medical Officer of Health, in order to mark the end of an era I have considered it fitting to look backwards and pay tribute to my predecessors.

Since Victorian times when the first Annual Report was written, tremendous advances have been made in eliminating health hazards and improving the quality of life. Medical Officers of Health have played a significant and honourable part in bringing about these changes. In the following pages extracts culled from Annual Reports dating back to 1896 tell much of this fascinating story in which Stourbridge is in many ways a microcosm of the nation as a whole.

In the early years we find pioneers such as Dr. Darby tirelessly urging the importance of sanitation and clean water supplies and it is clear that as their recommendations were put into effect there was a dramatic decline in alimentary infections and improvement in life expectancy, especially in children. Later, attention was turned to diphtheria and, at this distance in time, it is strange to read Dr. Geoffrey Dudley's report that when a clinic for immunisation was started in 1929, only twelve children were immunised in a period of several months. Now, living in a community from which diphtheria has been eradicated, we may reflect on how fortunate it is that the medical authorities of that time were not easily discouraged.

In the post war years Dr. Corlett was able to report a decline in diphtheria and later in poliomyelitis as a result of vaccination against that disease. More recently still, Dr. Hingston notes the decline in tuberculosis for reasons which he specifies and ponders philosophically on the diseases which reflect the inner sickness of our time. I have included abstracts from my own reports only because it would be illogical to do otherwise and I find myself in the position of the biblical labourer who wrought for one hour only in the vineyard and even that after the heat and burden of the day had passed.

When the first Annual Reports of Stourbridge and Lye and Wollescote were written, about one baby in five died before reaching its first birthday. In Lye and Wollescote in 1898 for instance, out of 384 babies born, 69 died in the first year. In 1972 the loss of infant life in Stourbridge under one year was 9 out of 962 babies born. This change for the better symbolises the tremendous advances that have taken place and is attributable to many causes which include improved standards of living, better general education and developments in medical science. They also include, and it is appropriate to remind ourselves at this time, the unremitting efforts of the men I have had the honour to succeed as Medical Officer of Health of this Borough.

In presenting passages out of their context there is the obvious and inevitable risk of misinterpretation or change of emphasis and I can only say that I am sorry if this has occurred at any point. I have supplied headings for some abstracts where these do not feature in the original reports but apart from this have made no alteration or even corrected misprints.

I hope that this look back into history will meet with the approval of Dr. Dudley, Dr. Corlett, Dr. Hingston and the surviving relatives of the other Spectors from whose reports I have drawn.

Acknowledgments

I would like to express my appreciation for the support and co-operation I have received from the Mayor, the Chairman of the Public Health Committee, Councillor K.R. Ison, the members of the Public Health Committee, the Town Clerk, the Chief Public Health Inspector, the other Chief Officers of the Council and the staff of the Public Health Department. I am also deeply grateful to Dr. C. Starkie, Medical Officer of Health, Kidderminster, for having made himself available to deal with emergencies during my occasional absences from the district.

J. Twomey

Medical Officer of Health.

AGE DISTRIBUTION OF NOTIFIED INFECTIOUS DISEASE (OTHER THAN TUBERCULOSIS)

DISEASE	AGES										Total No. of Cases	Cases admitted to Hospital	
	Under 1 year	1-2	3-4	5-9	10-14	15-24	25-34	35-44	45-64	65 and upwards			Age un-known
Food Poisoning	-	-	-	-	-	1	1	-	-	-	-	2	-
Measles	1	4	4	19	4	-	-	1	-	-	-	33	-
Scarlet Fever	-	-	-	2	-	-	-	-	-	-	-	2	-
Infective Hepatitis	-	-	-	-	-	-	2	1	-	-	-	3	-
Meningococcal Meningitis	1	-	-	-	-	-	-	-	-	-	-	1	-
TOTALS	2	4	4	21	4	1	3	2	-	-	-	41	-

TUBERCULOSIS
New Cases and Mortality during 1973.

Age periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 and upwards	-	1	-	-	-	-	-	-
2 ...	2	1	-	-	-	-	-	-
5 ...	-	1	-	-	-	-	-	-
10 ...	-	-	-	-	-	-	-	-
15 ...	-	-	-	-	-	-	-	-
20 ...	1	1	-	-	-	-	-	-
25 ...	-	-	-	-	-	-	-	-
30 ...	1	-	-	-	-	-	-	-
35 ...	-	-	-	-	-	-	-	-
40 ...	-	-	-	-	-	-	-	-
45 ...	1	-	-	-	-	-	-	-
55 ...	1	-	-	-	-	-	-	-
65 ...	-	1	-	-	1	-	-	-
Age unknown	-	-	-	-	-	-	-	-
TOTALS	6	5	-	-	1	-	-	-

Summary of Cases of Tuberculosis on the
Register at the end of 1973.

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
No. of Cases on Register, 1st January 1973.	44	12	7	4
No. of Cases notified for the first time during the year under the Regulations.	5	5	-	-
No. of Cases first heard of otherwise than by primary notification.	1	-	-	-
No. of Cases removed from Register in a previous Quarter which have been restored to Register during the Quarter.	-	-	-	-
	50	17	7	4
No. of cases removed from Register during the year.	18	5	5	4
No. of Cases remaining on Register at the end of the year.	32	12	2	-

Abstracts from Annual Reports of Medical Officers of Health of
Stourbridge and Lye and Wollescote 1896 - 1972

1896 Stourbridge

Excrement Disposal

The midden system prevails, the ashpits are all covered over and emptied at the expense of the town. The total number of privies and ashpits cleansed was 6,286; water closets are substituted for ashpits as far as possible the number converted into W.C.'s or slop closets was 57.

Dr. Robert Eager

1897 Lye and Wollescote

Detachment from Halesowen

The formation of Lye and Wollescote into a separate district and its detachment from Halesowen so near the end of the year, left us about 6 or 7 weeks to include in an Annual Report.

Dr. H.C. Darby

1898 Lye and Wollescote

Infant Deaths

Of 200 deaths 65 were under 1 year as against 173 deaths, and 69 under 1 year in 1897.

Water Supply of the District

It will be seen that we have in this district 21 wells.

The subsoil in which these wells are situated has probably been saturated with drainage and midden soakage for many years, and as the wells are shallow and placed on a clay bed (upon which the town is erected), they are very liable to become polluted.

Their average depth is 11 yards.

Bearing in mind the close proximity of the middens, and surface drainage to some of the wells, and also the facts before mentioned, it seems most important that measures should be taken to connect all houses in the district with Water Works, and in this way, Gentlemen, you would do a great deal to render the district free from Typhoid Fever, which has been shown to arise in most cases from a polluted supply.

Dr. H.C. Darby

1899 Lye and Wollescote

Diphtheria

This disease attacked two persons; one a boy of 4 years, and the other an adult of 24 years. The boy died and upon enquiry it was ascertained that the mother had just had sore throat and recovered, and that she had been visiting someone with a sore throat, and I have no doubt that this case was thus developed from a mild case of the same disease, which had been regarded as simple "Relaxed Throat" and consequently no precautions taken to prevent infection.

Dr. H.C. Darby

1900 Lye and Wollescote

Health Missioner

In response to the request made by the Urban Council to the County Council, the latter body appointed a Health Missioner to the district. The first person sent expressed herself as "not the right person for the work here" and resigned.

Her successor - Miss Long, appears to have ingratiated herself with the people, and is, I believe doing good work, in fact the above-shown reduction in the Infant Mortality is difficult to account for except upon the score of her influence and teaching, especially when we consider that two epidemics (i.e.) Scarlet Fever and Measles have visited us this year.

Dr. H.C. Darby

1902 Stourbridge

Enteric Fever*

Ten cases were notified during the year, compared with 5 in 1901.

There were 3 deaths :- 1 in Enville Street, 1 in Love Lane, and 1 at the Hospital (which had been removed from Enville Street).

Water Supply

Most of the houses are supplied by the Stourbridge Water Works Company. Some houses still procure their water supply from wells. Three samples of well water were condemned for drinking purposes by the County Analyst. These wells were subsequently closed.

Dr. H. Wilberforce Freer

1. Health Missioners were the precursors of Health Visitors
2. Enteric fever is typhoid or paratyphoid fever

1903 Stourbridge

Vaccination

I am pleased to say that the antipathy previously shown by parents to having four marks applied is declining, though a considerable number of them still avail themselves of the opportunity of taking their children outside the district in order to have only one vesicle produced, which affords very imperfect protection against small-pox.

Dr. H. Wilberforce Freer

1904 Stourbridge

Measles

I regret to have to record a very serious outbreak of measles in the district, commencing in the beginning of the year and continuing until the autumn. The disease not being notifiable in this district, it is quite impossible for me to state how many cases occurred, but from information I obtained it was quite evident that a large majority of children under the age of 5 years were afflicted. This disease accounted for no less than 40 deaths, of which 35 occurred in children under 5 years of age.

Dr. H. Wilberforce Freer

1905 Stourbridge

House Refuse

The erection of a Refuse Destructor, opened in November 1904, is, from a sanitary point of view, a momentous acquisition, in that it will remove the objectional method of tipping offensive refuse in places often unavoidably undesirable.

Dr. H. Wilberforce Freer

1906 Lye and Wollescote

Infant Mortality

The continued low Infant Mortality is I think a matter upon which the Council should be congratulated, and of which the district may be justly proud. The Infant Mortality stands at 132 per 1,000 Births registered. * I noticed that in Birmingham it was 168 per 1,000.

As I have remarked above, the Birth Rate is very low, but the Infant Mortality shows that every care is being taken to preserve the lives of those born. In connection with the Birth Rate I could state that I have reason to believe that about $\frac{3}{4}$ of the Births are attended by Midwives.

Dr. H. Christopher Darby

* Dr. Darby would certainly be pleased with the 1971 infantile mortality rate of 9.0

1906 Stourbridge

Drainage

With few exceptions the houses are drained to the sewers, which were laid down 20 years ago, and most of the houses are supplied with water closets. The sewage is treated on the broad irrigation principle by the Stourbridge Main Drainage Board.

Dr. H. Wilberforce Freer

1907 Lye and Wollescote

Diarrhoea

There were fewer cases of this disease, and not nearly so many during the summer months. Most of the deaths took place the earlier and later months of the year, and not at Mid-summer. I believe that flies produce a great deal of pollution of Infant's milk, where it is carelessly kept in an open basin or jug, without any muslin covering. Flies which have previously been in filthy places frequently regale themselves at the Infant's expense, and it is difficult to imagine how any milk can remain sterile when a fly has visited it.

Dr. H. Christopher Darby

1908 Stourbridge

Scarlet Fever

156 cases of Scarlet Fever were notified to me during the year. Four deaths occurred, 3 at the Infectious Diseases Hospital, and 1 in Lawrence Street.

Dr. H. Wilberforce Freer

1908 Lye and Wollescote

Houses of the working Classes Act

I reported a thatched house as unfit for habitation, the house has since been put into habitable condition.

There is reason to believe that there are cases of overcrowding in the district, but it is difficult to deal with them because if people are turned out of their present houses they cannot find others at a rental which they can afford. Many new houses have been erected, but they are not such as the poorer working classes can afford to occupy, and I understand that to build houses to set at say 3/6 per week can not be undertaken as a profitable speculation in conformity with the By-Laws.

Dr. H. Christopher Darby

1909 Lye and Wollescote

Workshops

I have observed that pigeons are sometimes kept in nailshops, this is not conducive to health, and I think that it is a practice that should be done away with.

Dr. H. Christopher Darby

1909 Stourbridge

Health Missioner

The Health Missioner reports to me as follows :- "During the year I have paid 510 visits to 234 mothers, and have made 244 repeat visits"

"Of the infants visited I am glad to say the great number were breast fed (148)".

"Twenty-eight were bottlefed, and 30 had a mixed diet of breast milk, tea and anything that was going, and many of these helped to swell the large death rate".

Dr. H. Wilberforce Freer

1910 Stourbridge

Offensive Trades

In July the Council decided to apply to the Local Government Board to have the following trades :- Hide and Skin Dealer; Fat Dealer; Gut Scraper; Glue Maker; Size Maker; Fat Melter or Extractor; Blood Dryer; Fish Fryer; and Chip Potato Fryer, scheduled as offensive trades.

Dr. H. Wilberforce Freer

1910 Stourbridge

Cowsheds and Dairies

In one or two instances, Cowkeepers show laxity regarding the cleanliness, lighting and ventilation. Old prejudices are difficult to overcome, but the majority are beginning to realize the importance of cleanly conditions, not only in connection with the Cowsheds and Dairies, but also as regards the cleaning of teats prior to milking. A few adopt the plan of grooming their cows, and it would be a good thing if all the Cowkeepers, would do this. There is still room for improvement in some of the cowsheds.

Dr. H. Wilberforce Freer

1911 Lye and Wollescote

Diphtheria

In 1910 there were 9 cases of Diphtheria, and no death, last year, 1911, there were 42 cases notified, and there were 5 deaths.

Most children were attacked between 5 and 15 years of age, and 36 of the 42 cases were in persons of school-going age, 23 went to the Isolation Hospital. Details were collected in every case, such as - The conditions of the premises. Water supply. Milk supply. Keeping of animals on the premises, and whether such if kept were apparently in good health. School attended. Number of rooms in the home. Number of inmates. Whether any previous Sore Throats had existed in the family. Whether any contact had taken place with any other case.

The cases were mostly scattered and often far apart but occasionally one found a crop amongst scholars at one or other school. Whenever a child became ill or was suspected, that child and the others in the family were given exclusive certificates to stay from school. The homes of the children were sometimes quite good from a sanitary point, and could have had no connection with the disease, but there were others that my journal will show, were by no means sanitary.

I found many privy middens still existing, in fact these and the want of eavesgutters producing damp foundations, were the most common defects.

One house in Cridden since reported for closure, was deplorably bad.

I made many visits to the schools throughout the district and took scores of throat swabs from the children. In some cases I swabbed the teachers also. The swabs were sent to the County Bacteriologist, and the children were excluded from school pending the report. In this way I sometimes found children with Hofmann's or Lafflers Bacilli in the throat who had been unsuspected and were seated near others in school.

Dr. H. Christopher Darby

1913 Lye and Wollescote

Infantile Mortality and Diarrhoea

We had a heavy Death Rate from Diarrhoea and Enteritis during the autumn, and this increased, not only the General but also the Infantile Death Rate.

There were 45 deaths of children under one year of age. The Death Rate per 1000 children born was 133.

Dr. H. Christopher Darby

1913 Stourbridge

District Nursing

There are two District Nurses. One for Stourbridge and Wollaston and one for Upper Swinford, both supported by voluntary subscriptions.

It would be impossible to speak too highly of the value and usefulness of their work. They have brought comfort to many a sick person where otherwise there would have been but little.

Dr. H. Wilberforce Freer

1914 Stourbridge

Measles

There were seven deaths. None being infants under one year of age.

Five deaths occurred in Stourbridge, the other two in Wollaston.

Dr. H. Wilberforce Freer

1918 Lye and Wollescote

Influenza

In presenting my 22nd Annual Report, I would place on record the fact that whilst the armistice concluded the slaughter of the war, disease has been very busy, and the worst epidemic of modern times has swept over, not only this country, but almost the whole world, in the form of influenza.

Dr. H. Christopher Darby

1920 Lye and Wollescote

Milk Supply

This is in the hands of private individuals no public supply having been instituted by the Urban Council.

No action has been taken with regard to Tuberculous milk, but some years ago I suggested the examination of all the cows in the district by a veterinary surgeon periodically. No action was taken. I think the question of how the owner of any Tuberculosis cow was to be compensated for his loss was in the minds of the Councillors at the time.

Dr.H.Christopher Darby

1920 Stourbridge

Encephalitis Lethargica *

Three cases occurred during the year, one of which, viz a child, aged 2 years, proved fatal. The cases were in no way connected with each other, and no trace of the origin of any of them could be discovered.

Dr.J.R.Sinton.

1921 Lye and Wollescote

Review of 25 year period

This is the twenty-fifth Annual Report that I have had the pleasure of laying before you.

During the period which has elapsed since Lye and Wollescote was made an Urban District, I think it may be fairly said that considerable advances have taken place, both in sanitation generally, and in the education of the people of the town in matters connected with sanitation, and this in spite of the fact that such work was largely delayed by the Great War. About a century ago the few people who resided here lived in primitive dwellings constructed by anyone who cared to undertake the work with odd pieces of brick and stone and clay, and upon common land where they became squatters, and many householders had no title deeds to their property. Very few of the original houses remain; most have been cleared away, and many would not stand the weather and so fell into ruins. The people themselves have changed, bull-baiting and cock-fighting which were popular amusements have given place to more healthy and sporting recreations, and the place has become one of the most important, if not the most important, centre of holloware manufacture in the kingdom. This brief resume I feel it fitting to make note of at the end of a quarter of a century, as marking progress.

Other things which have been accomplished in my time have been the paving of the streets, the lighting of the same by gas and electric light, the laying down of tramlines, and the putting in of deep drainage.

The acquiring of Public Offices in the way of the Council Chambers, the

* Otherwise known as sleeping sickness

purchase of a site for a park, and the possession of public urinals are also very great boons to the district, and were very necessary for the comfort and well-being of the people.

Much of course remains to be done. There are slummy areas. With irregularly placed and badly built houses, that will in time no doubt be dealt with. A Public Mortuary is badly needed. Headquarters for the Ambulance Brigade are very necessary, though perhaps not within the work of the Council to provide and maintain.

The main thoroughfare, which is the 'bus route from Stourbridge to Birmingham, will as traffic increases have to be dealt with and widened and straightened, I think, before long - already it is dangerous.

Last, but not least, if the district is to grow, and not allow those who are employed in it to drift outside, many more houses will be required.

Dr. Henry C. Darby

1923 Lye and Wollescote

Infectious Diseases

The number of Infectious Diseases has been very low during the past year, and also the Death Rate, which was lower than that of England and Wales.

The district is still very badly in need of more houses, overcrowding is common, and some cases of tuberculosis have perforce to live in overcrowded houses - this of course tends to the spread of the disease.

Dr. Henry C. Darby

1924 Lye and Wollescote

Midwives

There are three trained and two untrained midwives in the Lye and Wollescote district. These midwives do not receive any subsidy, and are not employed by the Public Health Authority.

Dr. Henry C. Darby

1925 Stourbridge

Causes of Sickness

Chickenpox was very prevalent, 130 cases being notified compared with 94 in 1924. This condition has been made notifiable by the Town Council until 31st December 1926. The cases of Pneumonia increased from 40 in 1924 to 55 in 1925. Scarlet Fever cases decreased from 46 in 1924 to 30 in 1925 while Diphtheria cases increased from 9 in 1924 to 14 in 1925. One case of smallpox occurred. No case of Poliomyelitis occurred. There was one case of Encephalitis Lethargica - the only case notified in the last five years.

Dr. Geoffrey Dudley

1927 Lye and Wollescote

Social Conditions

In my opinion the people of this district are very industrious, but much more needs to be done to brighten their lives by properly organized provision for outdoor sports and amusements. I think that a Sports Committee, in the district, which would cater for general amusement and entertainment of the people in a systematic manner would be a boon.

A library has been provided. This has, I am told, been well patronized, and cannot but be very helpful to many especially as some of the books are of an educational kind, and these, I believe, are in considerable request.

Dr. Henry C. Darby

1928 Stourbridge

Diphtheria

This disease occurred in epidemic form throughout the greater part of the year - 58 cases being notified with 5 deaths, i.e. a mortality of 8.6%.

Dr. Geoffrey Dudley

1929 Stourbridge

Diphtheria

In May a Clinic was started for the immunisation against Diphtheria of children between the ages of 2 and 5 years. So far the response of parents wishing to avail themselves of the opportunity of protecting their children against this serious disease has been very disappointing, only 12 children having been immunised. Information on this subject can be obtained from the Medical Officer of Health.

Dr. Geoffrey Dudley

1930 Stourbridge

Infantile Deaths

The low Infantile Mortality Rate, viz., 33.84 as against 60 for the whole country, is extremely satisfactory, and illustrates the result of many years work in the improvement of the conditions under which people live, work and play. Housing conditions have improved, not only by the building of Corporation Houses, but also by the reconditioning of older existing property, by demolition of houses past repair, and thus opening up of crowded areas, by abolition of ashpits and substitution by covered portable receptacles and by privy conversion. Workshops are more hygienic and better ventilated and lighted. Provision of workpeople getting to and from their work has been improved, and also for getting proper meals in many large factories. The opening up of areas for playing fields and parks is an encouragement for people to get out into the fresh air and take part in healthy exercise. The standard of life in general has improved in the last ten years, and people are beginning to take more care of their health, especially in attention to minor ailments.

Health Education is of first-rate importance, and this is the special feature of the Infant Welfare Clinics, where mothers are given useful and simple advice in the care and upbringing of their children.

Dr. Geoffrey Dudley

1931 Lye and Wollescote

Death Rate of Infants under one year of Age

All infants per 1,000 live births = 61.2. For England and Wales = 66.

Legitimate infants per 1,000 legitimate live births = 61.9.

Illegitimate infants per 1,000 illegitimate live births. There was no death under one year amongst the four illegitimate children.

Deaths from Measles	...	...	...	2
" " Whooping Cough	...	...	...	1
" " Diarrhoea	...	...	...	0

The decline in the deaths from Diarrhoea in children during recent years, speaks well for the mothers, and is, I think, probably largely due to two factors; first, the better feeding of babies, due to training the mothers receive at the Welfare Centre, and the improved surroundings, and better standard of living all round.

Heart Disease has accounted for nearly twice as many deaths as any other disease. Influenza and Malignant Disease (Cancer in various forms) come next, but each has against it, only about half the number of deaths that were due to heart disease. I think that to influenza is probably due a great deal of the heart disease.

Dr. Henry C. Darby

1932 Stourbridge

Maternity and Nursing Homes

By the munificence of Mr. Ernest Stevens, J.P., of Prescott House, Stourbridge, an up-to-date Maternity Home, known as the "Mary Stevens Maternity Home", was opened on September 19th, 1932. It is situated in the southern part of the Borough near the Pedmore boundary. It contains 16 beds and is fully equipped with all the latest scientific devices for the treatment of normal and abnormal cases of Midwifery. The Home is available for inhabitants of Worcestershire and the surrounding districts of Stourbridge, which are situated in Staffordshire.

May I acknowledge the debt of gratitude which everyone owes to Mr. Stevens for his foresight and wisdom in providing this Home. Not only will it provide treatment for many women who cannot receive proper attention in their homes, but it is a real practical help in attempting to solve the serious problem of Maternal Mortality, which one regrets to state is still high.

Dr. Geoffrey Dudley

1932 Lye and Wollescote

Social Condition

As to the social condition of the people - trade has been bad for a long period, but one seldom sees a ragged child in the streets, the poor seem to be decently clad, and their homes are places in which the people seem to take a deeper interest.

Dr. Henry C. Darby

1933 Stourbridge*

Expansion

The area was enlarged on 1st April 1933 by the inclusion of the Urban District of Lye and Wollescote, and of the Parish of Pedmore which was part of the Rural District of Bromsgrove.

Causes of Death

Of the definitely defined causes of death, Heart Disease accounted by far the largest number viz. 87 out of a total of 391, i.e. more than one-fourth. Cerebral Haemorrhage accounted for no less than 25 deaths. These two figures are very striking and serve to illustrate the strain of modern life on all classes. The next in order comes Cancer, with 47 deaths; followed by Pulmonary Tuberculosis, with 28 deaths; and Pneumonia with 25 deaths. Diseases of the Respiratory Tract accounted for 60 deaths, for, in addition to those already mentioned, there were 7 deaths from Bronchitis; eight of these deaths occurred in infants under one year of age.

Dr. Geoffrey Dudley

1936

Public Cleansing

The scavenging is carried out by direct labour and is dealt with by controlled tipping, being spread over small areas covered and levelled. There are six tips in use, viz. Corporation Depot, Birmingham Street; Wollaston Hall Estate; Hadcroft Brick Works; Rufford's Brick Works; Bromley Street, Lye. Tipping at Racecourse Lane, Pedmore was discontinued during 1936.

Ashpits are emptied as required, and the contents of movable ashbins collected weekly. The few privies are cleared as required, the contents being buried. Cesspools are emptied and the contents either tipped down sewers or spread over farm land.

Two motor freighters are now in use and have proved satisfactory. The other vehicles are horse drawn.

Trouble was again experienced at the Lye Tip owing to the prevalence of crickets.

Dr. Geoffrey Dudley

* From this point, all the extracts are from reports of the Stourbridge Medical Officer of Health

1937

Cancer

There were 65 deaths from Cancer as compared with 47 in 1936, 31 being males and 34 females. In the males, the growth occurred in the alimentary canal in 17 cases, of these it was in the stomach in 5 cases. The average age in these was 64 years. In the females the alimentary canal was affected in 10 instances, 1 of which was in the stomach. The average age in these cases was 65 years. The breast was the site of election in 4 cases, the uterus 3 cases, and the ovary 2 cases.

There was no relation between the organs affected and the occupation.

Men engaged in the production of Tar at the Corporation Gas Works are examined quarterly for the occurrence of warts or suspicious evidence of Tar Cancer.

Treatment by radium and deep X-rays is provided for suitable cases at some of the Birmingham Hospitals. More use is being made of these methods of treatment.

Dr. Geoffrey Dudley

1938

Pedmore Private Water Supply

In my Annual Report for 1937, I referred to the condition of this water supply. The supply is derived from two springs connected by means of agricultural pipe lines to a collecting tank approximately 400ft. away from which the pipe lines lead to the various houses supplied. A further pipe line conveyed water from another spring to the collecting chamber, while in addition numerous surface water drains discharged either into the pipe line or direct into the reservoir. The springs and reservoir are on the slope of a hill; the field itself is generally used for the grazing of cattle, and is nearly always water-logged.

Towards the end of 1937 samples of the water were submitted for examination, and the water was found to be polluted and unfit for drinking. As I stated in my last Report, during the early part of 1938 the surface water drains to the reservoir and pipe lines were cut off, and one of the springs was fenced round. After the execution of these works a further sample of the water was taken and was found to be fit for drinking and greatly improved.

In October, however, further samples were taken which on analysis showed evidence of contamination, and were unfit for drinking purposes. The matter was reported to the November meeting of the Public Health Committee, and instructions were given for samples to be taken from each of the houses supplied, and also from the collecting chamber. At the same time I wrote to the users of the water advising them that all water used for drinking purposes should be boiled.

Dr. Geoffrey Dudley

1940

War Conditions

An abbreviated report is presented.

After most of the Public Health Services had been brought practically to a standstill at the outbreak of war, the commencement of this year saw a gradual recovery of the more necessary services. For example, the Diphtheria Immunisation Clinics were re-started in this Borough on 2nd January 1940.

The adjustment of the Public Health Department for the purpose of administering the Civil Defence Casualty Service gradually gathered ground throughout the year and took priority, consuming a very large proportion of time.

The last quarter of the year saw an intensification of enemy aerial activity which had commenced in the summer and proved to be a period of intense strain for everybody concerned.

Dr. Carrick G. Payton

1941

Government Milk Scheme

Expectant mothers, and children under 5 years, are eligible for free or cheap milk, and since November all children under 2 years have received a supply of free vitamins, viz; Cod Liver Oil and Fruit Juice.

Dr. Carrick G. Payton

1942

Smallpox

No case was reported during the year. No cases have occurred in the Borough since 1931.

Diphtheria

Twenty-one cases of Diphtheria, equivalent to an incidence of 0.6 per thousand population, were notified during the year. There were no deaths. Of the 21 cases of Diphtheria reported during the year, 11 were clinical and 10 non-clinical (carriers). Two cases only - both carriers - had been immunised, in each case with toxoid Anti-toxin Mixture. There were 9 cases over 15 years of age, the oldest 36 years. All the patients were admitted to the North Worcs. Joint Isolation Hospital. Domiciliary treatment for this disease is not encouraged.

Dr. Carrick G. Payton

1943

Prevention of Diphtheria

Clinics for Immunisation of children against diphtheria are held as required at Stourbridge and at Lye. The clinics are provided free by the Borough Council.

Dr. Carrick G. Payton

1944

Scabies

Weekly Scabies Clinics were held at the First Aid Posts, Stourbridge and Lye, throughout the year. Two baths are provided at each Post, and for treatment Benzyl Benzoate Emulsion is used.

During the year 150 patients, involving 434 paintings, were treated. The number of patients in the previous year was 105. There was a number of re-infections after the first course of treatment, a result to be expected unless all infected members of a household receive treatment at the same time. This point is brought to the notice of all parents concerned.

Dr. R.L. Corlett

1947

Public Cleansing

The scavenging is carried out by direct labour and is dealt with by controlled tipping. Four tips were in use, viz; Corporation Depot, Birmingham Street; Wollaston Hall Estate; Bromley Street, Lye; and Hay Green, Lye.

Dr. R.L. Corlett

1948

Decline in Diphtheria

Whilst there was an increase in Scarlet Fever notifications from 53 to 65 (there were no deaths), there was not a single confirmed case of Diphtheria, of which there were 30 cases in 1947. I think I can safely say that this is the first time in the statistical history of the Borough that Diphtheria has been completely non-prevalent throughout the year. This, I consider, is a pleasing testimony to the protective value of immunisation and whilst it would be unreasonable, bearing in mind all the factors, to expect a continuance of such complete immunity, nevertheless it affords a valuable indication of the efficacy of immunisation treatment. In conjunction with the County Council, who, since 5th July 1948, when the National Health Service Act 1946 came into operation, have become entirely responsible for the provision of Diphtheria Immunisation treatment, every effort is being made to maintain progress in the numbers immunised, both in the matter of "boosting" doses as well as primary treatment.

Dr. R.L. Corlett

1950

Poliomyelitis

There were nine cases of Poliomyelitis, five of which were paralytic. The first case occurred in March - a girl of two years of age - followed by three in June, four in September and one in October. Apart from two children affected in one family (one with paralysis), there seemed to be no obvious connection in the incidence of the other cases.

Unfortunately, three paralytic cases ended fatally. One - a child of five

months - died within five days of onset, a boy of three years within five months of onset, and a man of thirty one years within eight days of onset.

Dr. R.L. Corlett

1952

Cancer and heart disease

There was a reduction in Cancer mortality from 81 cases to 69 whilst heart disease was the cause of 138 deaths - one less than in 1951. Both these diseases continue to be the chief causes of death. There is little doubt that many cases of heart disease are aggravated by the strains and stresses of modern society.

Dr. R.L. Corlett

1953

Infectious Diseases.

Scarlet Fever cases rose from 73 to 104, but the incidence was of a mild type and there was no death. Measles notifications increased from 183 to 496, whilst Whooping Cough cases declined from 124 to 72. There was one death, due to complications, from measles (a boy aged 7 years) but no fatal case of Whooping Cough. The only case of meningitis notified related to a girl of 5 years of age, and unfortunately this ended fatally. There was one case of Poliomyelitis during the year, affecting a girl aged 3 years, but she made a good recovery.

Dr. R.L. Corlett

1955

Causes of Death

Cancer is still one of the chief causes of death. There was an increase of 13 deaths on last year's total of 77, and lung cancer was responsible for 20 deaths 17 of which related to males. Recent medical statistics tend to suggest that excessive cigarette smoking is possibly linked with the higher incidence of lung cancer throughout the country, and certainly in our case mortality from this cause has increased since 1950 when there were eleven deaths, eight of which concerned males.

Dr. R.L. Corlett

1956

Incidence and Severity of Diphtheria

From 1935 to 1947 inclusive, some 633 diphtheria notifications were received and 51 deaths from the disease were recorded.

Over the last nine years only two cases of diphtheria (1 in 1950 and 1 in 1954) have been notified and in both instances the patient made a good recovery. One of the cases was an adult who it is believed contracted the infection abroad.

Dr. R.L. Corlett

1958

Whooping Cough

Incidence showed a welcome decline from 130 notifications to 24. The one case in which death resulted was a child of 18 months, who was admitted to hospital but unfortunately failed to survive.

Dr. R.L. Corlett

1959

Vaccination against poliomyelitis

The signs are hopeful that vaccination against Poliomyelitis may be proving an effective weapon in our armoury against this disease. Whereas there were in England and Wales in 1957 4,841 cases and 1,997 in 1958, in 1959 the incidence had reduced to 1,022 cases - a year in which the Summer was unusually hot and providing conditions in which this particular disease tends to flourish. This decline coincided with the country-wide vaccination campaign and encourages the hope that in vaccination we have the means of protection to a high degree*.

Dr. R.L. Corlett

1960

Food Poisoning

In February, a small outbreak (14 cases) occurred in a residential nursery. The organism isolated was S. Typhimurium. The 14 cases were admitted to hospital and all made a complete recovery. No particular item of food however could be established as the incriminating factor.

There were also 4 single cases which occurred in different households but in no instance could definite evidence be obtained as to the source of infection.

Dr. R.L. Corlett

1961

Prevention of Chest Diseases

I suppose our rather damp climate may predispose us to bronchitis but the main factor is the quality of the air we breathe, and until we really do something about it we will have to put up with the consequences. It is to be hoped that real progress will be made and that domestic smoke will soon be a thing of the past.

Cancer of the lung, as of course can only be expected, continues to take its toll, 24 deaths. Everything should be done to discourage young people, and children especially, from smoking cigarettes.

Dr. R.L. Corlett

* Time has shown that Dr. Corlett's hope was fully justified

1962

Pulmonary Tuberculosis

The figure of 19 new cases represents an increase of five new cases over the previous year.

The decrease of this disease over the last two decades has been considerable, due in part to potent anti-tuberculosis drugs, the virtual eradication of infected milk, and the greater use of diagnostic measures such as mass radiography, and the introduction of protective immunity in the young adolescent with B.C.G. vaccine which continues to be offered to school children before leaving school. The figure for new cases could possibly be further reduced by careful selective X-ray of those known to be at greater risk, and by perseverance on behalf of those known cases of tuberculosis in taking their anti-tuberculosis drugs which renders them non-infective to others. Although a difficult problem to achieve, total eradication should be the aim.

Dr. Clayton W.J. Hingston

1963

Safety of Milk

Twice during the year in February and again in May we compelled a milk producer under the Milk and Dairies (General) Regulations, 1959 Reg. 20 to Pasteurise the milk he supplied in cartons in a Vending Machine, because tests showed that the milk contained live Brucella organisms which could give rise to illness in man.

The milk sold in this machine is untreated i.e. tuberculin tested which only denotes that the cows from which it came are free from Tuberculosis, it does not mean it has been heat treated to render it free of harmful organisms which may arise from the cow, or milk handler. Milk which has been heat treated by pasteurisation is rendered safe.

Dr. Clayton W.J. Hingston

1964

Action taken under the National Assistance Amendment Act of 1951, concerning compulsory removal of persons to suitable premises

I am informed by a Family Doctor that a lady aged 72 years who was living in an attic room and recently had an internal haemorrhage and that she is confined to bed.

The other occupants of the house were also elderly, and because of this she was not able to devote to herself nor receive from others, proper care and attention, and in view of the nature of her recent illness she should be in hospital. She refused to leave her room.

I was fortunate in being able to obtain a Removal Order without delay from a Justice of the Peace at the Magistrates Court, and had her removed to hospital on the same day 28th January.

She remained in hospital beyond the statutory period of 3 weeks at her own

free will, and was eventually discharged on the 22nd of February much improved.

Dr. Clayton W.J. Hingston

1965

Inactivity and Coronary Disease

Coronary disease continues to remain the greatest single killer and accounts for 75 deaths in males and 52 in females for 1965 compared with 58 males and 53 females in 1964.

Thus heart disease and lung cancer can be said to reflect the inner sickness of our times. Because of high wages and full employment we tend to eat more than is necessary and so start a losing "Battle of the Bulge".

We tend to spend more time behind the steering wheel, all too often without the assurance of a safety belt, instead of walking, and thus increase the risk of cardio-vascular disease. This we do under the pretext of saving time when in reality we are often hastening the end!

Perhaps a day set aside when the car is kept in the garage and walking is the order of the day, may do more good in promoting health and overcoming stress than all the tonics, slimming pills, and tranquillisers put together. This may result in not only a benefit to our health but also a reduction in the number of road casualties!

Dr. Clayton W.J. Hingston

1966

Infections

There was no major outbreak of infectious disease in 1966. In the first half of the year there were cases of smallpox (variola minor) in neighbouring parts of the Midlands and both Dr. Hingston and I were asked to see suspected cases in consultation with general practitioners. Fortunately none of these cases proved to be smallpox.

Dr. J. Twomey

1967

Typhoid Fever

A four year old girl who had come from abroad to live in Stourbridge in August 1967, was taken ill after arrival here and later diagnosed as a case of typhoid fever which had been contracted in her country of origin. She made a good recovery and there was no spread of the disease to other persons.

Dr. J. Twomey

1968

Causes of Death

Diseases of the heart and blood-vessels account for no less than 54.7 per cent of all deaths. Most of the victims are men and some are relatively young men

who may well be family bread-winners. As far as is known to medical science we can best protect ourselves against these diseases by what may be termed the rule of three; keep active, keep weight down, keep off cigarettes.

Dr. J. Twomey

1969

Washing Facilities in Schools

It is clear that infective hepatitis, dysentery, food poisoning, typhoid fever, paratyphoid fever, and cholera, are prevented from spreading by good personal hygiene or, to be specific, careful hand-washing after visiting the lavatory. This applies to people of all ages but it is hardly surprising that small children are particularly liable to spread such infection through ignorance, carelessness or clumsiness. It is extremely important to instruct children on hygiene and to encourage them in every way to practice personal cleanliness, both at home and school. Strange to say, however, in this day and age, many school lavatories have no hand-washing facilities and children have to walk a considerable distance from the lavatory before it is possible for them to wash. It is little wonder that schools are among the commonest places where diseases such as dysentery and infective hepatitis are contracted.

As old schools are replaced by new ones the situation will improve but this may take a considerable time in some cases. Private householders can now improve their amenities with financial assistance from their local authorities; surely the nation's schools should not be neglected. A school lavatory without wash-hand basins and hot water is not only a public health monstrosity but a deplorable object lesson for impressionable young minds.

Dr. J. Twomey

1970

Infectious Diseases

The most worrying event of the year was a low-grade but prolonged epidemic of infective hepatitis, mainly involving school children and largely confined to the Wollescote and Lye areas, but not to the children of any one school in other group. School staff made every possible effort to stop the spread of infection by instruction and supervision of children in hand hygiene despite inadequate and unsuitable washing facilities in some schools, a matter to which I referred in my report from the year 1969.

Dr. J. Twomey

1971

Rubella (german measles)

In view of the well-known risk to the foetus if a woman develops german measles in the first four months of pregnancy, vaccination is now offered to girls between their eleventh and fourteenth birthdays so that they may be protected against rubella before reaching childbearing age.

Vaccination of women of childbearing age presents problems as there is a

theoretical possibility that harm to the foetus could follow if pregnancy occurs within eight weeks of the vaccination. Such vaccination is sometimes carried out but not without prior laboratory investigations and consideration of the circumstances in each case.

In the case of a woman in the first four months of pregnancy who is a close contact of rubella, it is advised that she have a blood test for rubella antibody. If antibody is present, it is likely to be due to previous infection and the foetus is not at risk. If the test is negative a second blood sample is taken about ten days later to establish whether or not the patient is incubating rubella.

When rubella is reported at a nursery group, mothers of children attending are advised by letter from me to consult their family doctor if in the early months of pregnancy and if they have been in direct contact with a case of rubella.

Dr. J. Twomey

1972

Imported Diseases

A case of malaria notified in a traveller from abroad is a reminder of the need for vigilance against imported diseases now that world travel is so rapid and so frequent. It is advocated in some quarters that persons returning from overseas or arriving for the first time in this country should have a medical check-up, but this simplistic approach to the problem does not stand up to scrutiny and may, in fact, result in an unjustified sense of security. The variation in incubation periods of different infections means that any one examination is of limited value, and furthermore, most tropical diseases cannot be diagnosed by a physical examination without the aid of laboratory tests.

What is needed, rather, is a knowledge of the particular health risks in the country from which the traveller has come including any prevalent epidemic, and the application of this knowledge which sometimes involves close supervision for a certain period of time, sometimes laboratory tests, sometimes explanation and advice, and at other times simple reassurance. If an exotic disease has actually been contracted, the mode of transmission has to be taken into account in order to prevent spread in this country; in the case of malaria, for example, transmission in England is likely to occur only in the event of donation of blood by the patient at certain stages of the disease. In other words there is no easy rule of thumb method of dealing with this vast subject and each case has to be considered on its merits. This function, at present carried out by Medical Officers of Health, must not be overlooked after reorganisation of the National Health Service in 1974.

Dr. J. Twomey

